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maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 09/09/2004 23639 BINGHAM, MCCUTCHEN LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. THREE EMBARCADERO, SUITE 1800 SAN FRANCISCO, CA 94111-4067 Maritza Kidd (Signature) 004 (Date lavem bei FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 03/10/2000 290252020501 5888 09/523,585 Christopher G M Ken TITLE OF INVENTION: DETACHABLE ANEURYSM NECK BRIDGE (III) 12/06/2004 MWOLDGE2 00000002 502518 09523585 01 FC:1501 02 FC:8001 1370.00 DA 3.00 DA **PUBLICATION FEE** DATE DUE SMALL ENTITY **ISSUE FEE** TOTAL FEE(S) DUE APPLN, TYPE 12/09/2004 NO <del>\$1330</del> \$1370 \$0 \$1330 \$1370 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 3731 606-001000 PANTUCK, BRADFORD C Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list lbingham mccutchen llp CFR 1.363). (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a The Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SCIME LIFE SYSTEMS, INC. Maple Grove, Minnesota ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2518 (enclose an extra copy of this form). Advance Order - # of Copies \_ 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Date Typed or printed name David T. Burse Registration No. 37,104

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